



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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FOR OFFICIAL USE ONLY

# CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

|  |  |  |  |
|--|--|--|--|
| <p>1. Committee I.D. Number<br/><b>137719</b></p>  |  | <p>3. This Statement covers From <b>MACOMB COUNTY CLERK</b> to <b>11-17-06</b><br/><b>MACOMB COUNTY CLERK</b></p>  |  |
| <p>2. Committee Name<br/><b>CTE Becky Hooker</b></p>   |  | <p>4. Candidate Last Name <b>Hooker</b> First Name <b>Becky</b> M.I. <b>A</b><br/>4a. Office Sought Including District # or Community Served (if applicable)<br/><b>County Commissioner, Dist. 8</b><br/>4b. County of Residence <b>Macomb</b></p>   |  |
| <p>5. Committee's Mailing Address<br/><b>2230 Tarry Dr.<br/>Sterling Hts, MI 48310</b><br/>Area Code and Phone <b>586-264-4767</b><br/>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>   |  | <p>6. Treasurer's Name &amp; Residential Address<br/><b>Becky Hooker<br/>2230 Tarry Dr.<br/>Sterling Heights, MI</b><br/>Area Code &amp; Phone <b>586-264-4767</b></p>   |  |
| <p>7. Treasurer's Business Address<br/><b>N/A</b><br/>Area Code and Phone _____</p>  |  | <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)<br/><br/>Area Code and Phone _____</p>   |  |
| <p>9. TYPE OF STATEMENT<br/>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election<br/><br/>Pre-Election or Post-Election Statement relates to:<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Convention <input type="checkbox"/> School<br/><input type="checkbox"/> Special <input type="checkbox"/> Caucus<br/><br/>Date of Election, Convention or Caucus<br/><b>November 7, 2006</b></p>  |  | <p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)<br/>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)<br/>9e. <input type="checkbox"/> Dissolution of Candidate Committee<br/><br/>Effective Date of Dissolution _____<br/><br/>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br/>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p> |  |
| <p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p> |  |  |  |
| <p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>   |  |  |  |
| <p>Current Treasurer or Designated Record keeper <b>Becky Hooker</b><br/>Type or Print Name <b>Becky A. Hooker</b><br/>Signature Date <b>11-16-06</b></p>  |  | <p>Candidate <b>Becky Hooker</b><br/>Type or Print Name <b>Becky A. Hooker</b><br/>Signature Date <b>11-16-06</b></p>  |  |

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

137719

2. Committee Name

CTE Beatty Hooker

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

| RECEIPTS  | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions  |                                |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ <u>0</u>              |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>0</u>              | (18.) \$ <u>100-</u>                        |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ <u>0</u>               | (19.) \$ <u>0</u>                           |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>0</u>               | (20.) \$ <u>100-</u>                        |
| IN-KIND CONTRIBUTIONS & EXPENDITURES  |                                |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>0</u>               | (21.) \$ <u>390-</u>                        |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ <u>0</u>               | (22.) \$ <u>0</u>                           |
| EXPENDITURES  |                                |   |
| 8. Expenditures   |                                |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ <u>0</u>              |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ <u>0</u>              |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$ <u>0</u>              |   |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)   | (9.) \$ <u>0</u>               | (23.) \$ <u>0</u>                           |
| INCIDENTAL EXPENSE DISBURSEMENTS<br>(Officeholders Only)  |                                |   |
| 10. Disbursements   |                                |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$ <u>0</u>             |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$ <u>0</u>             |   |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>0</u>              | (24.) \$ <u>0</u>                           |
| DEBTS AND OBLIGATIONS   |                                |   |
| 12. Debts and Obligations   |                                |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$ <u>0</u>             |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$ <u>0</u>             |   |
| <b>BALANCE STATEMENT</b>  |                                |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>100-</u>           |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>0</u>            |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ <u>100-</u>         |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>0</u>            |   |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)   | (17.) \$ <u>100-</u>           |   |